SEC 1972 (6-02)

RECEIVE

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1300451

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 AUG 1 1 2004 FORM D NOTICE OF SALE OF SECURITIES

SEC USE ONLY Prefix Serial

04040116

PURSUANT TO REGUEATIONAL SECTION 4(6), AND/OR DATE RECEIVED UNIFORM LIMITED OFFERING EXEMPTION Name of Offering ( check if this is an amendment and name has changed, and indicate change.) 1011 Briar Hills One Investors, Ltd. Filing Under (Check box(es) that apply): Rule 504 ☐ Rule 505 X Rule 506 Section 4(6) Type of Filing: New Filing Amendment alig 13 2004 A. BASIC IDENTIFICATION DATA 1.Enter the information requested about the issuer THOMSON FINANCIAL Name of Issuer ( check if this is an amendment and name has changed, and indicate change.) 1011 Briar Hills One Investors, Ltd. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 1110 N Post Oak Rd. #170, Houston TX 77055 713-682-5707 Telephone Number (Including Area Code) Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Brief Description of Business: Real estate ownership and operation. Type of Business Organization corporation limited partnership, already formed other (please specify business trust limited partnership, to be formed Month Year Actual or Estimated Date of Incorporation or Organization: 06/10 04 ☐ Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)

# GENERAL INSTRUCTIONS

# Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Requested: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: • Each promoter of the issuer, if the issuer has been organized within the past five years; • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and · Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter ■ Beneficial Owner □ Director General and/or Managing Partner Full Name (Last name first, if individual) Meyer-Nelson, Edna Business or Residence Address (Number and Street, City, State, Zip Code) 1110 N Post Oak Rd., #170, Houston TX 77055 Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Klein, Suzanne K. Business or Residence Address (Number and Street, City, State, Zip Code) 1110 N Post Oak Rd., #170, Houston TX 77055 Check Box(es) that Apply: ☐ Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Director ☐ General and/or Promoter ☐ Beneficial Owner ☐ Executive Officer Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(cs) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

			1. 2. 2.	В	INFORM	ATION ABO	OUT OFFEI	RING				
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  Answer also in Appendix, Column 2, if filing under ULOE.										YES	NO	
2. What is the minimum investment that will be accepted from any individual?									\$10,00	0		
3. Does the offering permit joint ownership of a single unit?								YES	NO			
											☒	L
or s is a bro	er the inform similar remui n associated ker or dealer information	neration for person or a . If more the	solicitation gent of a bro an five (5) p	of purchase oker or deale persons to be	rs in connect or registered	tion with sal with the SE	es of securit C and/or wi	ies in the of th a state or	fering. If a states, list the	person to be le name of th	listed ne	
Full Nar	ne (Last nam	ne first, if in	dividual)									
N/A	<u>.</u>											
Business	or Residen	ce Address (	(Number and	d Street, City	y, State, Zip	Code)						
			. 1									
Name of	Associated	Broker or L	ealer					·				
States in	Which Pers	on Listed H	as Solicited	or Intends t	o Solicit Pu	rchasers						<del> </del>
(Check "All States" or check individual States									All States			
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] [MT] [RI]	[IN] [NE] [SC]	[IA] [NV] [SD]	[KS] [NH] [TN]	[KY] [NJ] [TX]	[LA] [NM] [UT]	[ME] [NY] [VT]	[MD] [NC] [VA]	[MA] [ND] [WA]	[MI] [OH] [WV]	[MN] [OK] [WI]	[MS] [OR] [WY]	[MO] [PA] [PR]
	ne (Last nam	<del></del>		[,,,]	(0.1)	['']	[,,,]		[,,,]		r., , 1	[1,1,1]
Business	or Residence	e Address (	Number and	l Street, City	v. State. Zip	Code)						
Name of	Associated	Broker or D	ealer									
States in (Ch	Which Pers eck "All Sta	on Listed H tes" or chec	as Solicited k individual	or Intends t States	o Solicit Pu	rchasers					All States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]		[GA]	[HI]	[ID]
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nar	ne (Last nam	e first, if in	dividual)			*****						
Business	or Residence	ce Address (	Number and	l Street, City	y, State, Zip	Code)						
Name of	Associated	Broker or D	ealer								— <u>— — — — — — — — — — — — — — — — — — </u>	
	Which Pers										□ All Sta	tes
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE OF PROCEED	\$
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box  and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$	\$
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$1,585,000	\$1,585,000
	Other (Specify)	\$	s
	Total	\$	\$
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Mondo	Aggregate
		Number Investors	Dollar Amount Of Purchases
	Accredited Investors	26	\$ 1,585,000
	Non-accredited Investors.	0	s <u> </u>
	Total (for filings under Rule 504 only)	\$	. \$
Ans	swer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	•	\$
	Regulation A		\$
	Rule 504		\$
	Total		
issu	a. Furnish a statement of all expenses in connection with the issuance and distribution of securities in this offering. Exclude amounts relating solely to organization expenses of the er. The information may be given as subject to future contingencies. If the amount of an enditure is not known, furnish an estimate and check the box to the left of the estimate.		
•	Transfer Agent's Fees		]
	Printing and Engraving Costs		s
	Legal Fees		]
	Accounting Fees		]
	Engineering Fees		]      \$
	Sales Commissions (specify finders' fees separately)		s
	Other Expenses (identify) Professional Services		s <u>40,000</u>
	T 4.1	<u></u>	1 6

\$ <u>1,545,000</u>
ments to ficers, ctors, & Payments Tiliates Others
50,350
□s
s
s
<u>0,000                                 </u>
<b>⊠</b> \$ <u>75,000</u>
0,350 🛮 🖾 \$ 1,034,650
$\boxtimes 1.545,000$
filed under Rule 505, the following upon written request of its staff, the
6, 2004
Print or Type)  neral Partner

 ${\bf ATTENTION}\\ {\bf Intentional\ misstatements\ or\ omissions\ of\ fact\ constitute\ federal\ criminal\ violations.\ (See\ 18\ U.S.C.\ 1001.)}$ 

100	1 4									
		E STATE SIGNATURE								
1.	Is any party described in 17 CFR	le? Yes	No ⊠							
		See Appendix, Column 5, for state response.								
2.	The undersigned issuer hereby u 239.500) at such times as require	ndertakes to furnish to any state administrator of any state in which this notice and by state law.	is filed, a notice on Fo	orm D (17 CFR						
3	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.									
4.		ts that the issuer is familiar with the conditions that must be satisfied to be entit in which this notice is filed and understands that the issuer claiming the available ons have been satisfied.								
	issuer has read this notification and orized person.	knows the contents to be true and has duly caused this notice to be signed or	ı its behalf by the un	dersigned duly						
Issu	er (Print or Type)	Signature Date	,							
1011 Briar Hills One Investors, Ltd.		Edna Do Kuyan - Sel August 6, 20	04	•						
Nan	ne of Signer (Print or Type)	Title of Signer (Print or Type)								
Edn	a Meyer-Nelson	President of General Partner								

# Instruction:

1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C – Item 1	АРРБ	5. Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E- Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
СО					<u></u>				
СТ									
DE	<del></del>								
DC									
FL		X	Partnership Interest \$1,585,000	9	\$500,000	0	N/A		X
GA									
HI									
ID									
IL									
IN									
IA									
KS									
KY									_
LA									
ME			·						
MD			·						
MA									
MI									
MN									
MS									
МО									

a se r a				APPE	NDIX				
1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C - Item 1		Type o and amount p (Part C	5. Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E- Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
MT									
NE	-								
NH		X	Partnership Interest \$1,585,000	5	\$450,000	0	N/A		X
NJ									
NM			·						
NY									
NC									
ND									
ОН									
OK									
OR									
PA									
RI									
SC									
SD									
TN					<u> </u>				
TX		X	Partnership Interest \$1.585,000	12	\$685,000	0	N/A		X
UT									
VT									
VA	_								
WA									
WV									
WI									
WY									
PR									